Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	10-25-2009	Address;	<u>Davis Rd</u>
Case #:	PO 09-075D		Mt Vernon Indiana
County:	Posey		47620
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
	onal Lab al/Glassware/Equipment (only) te (only)	☐ Residence☐ Outbuilding☐ Vehicle	☐ Hotel/Motel ☑ Open No Structure ☐ Other:
(check all the	nd: Location (bedroom, kitchen, open ai at apply) Ammonia Reaction(s):	r, etc)	· ·
Red Pho	sphorous/lodine Reaction(s):		
Flammable Solvents:			
☐ Water Reactive Metal (Lithium):			
Anhydrous Ammonia;			
	doric Acid Gas Generator(s): 1		
	re Aeid:		
Corrosive Base:			
	em and location): <u>Trash</u>		
∐Yes ⊠No	r age 18 discovered (check one) (number present) our to Child Protective Services	Ephedrina	e Information Pseudoephodrine Tracking Log rehant Tip
This report	is to be faxed to the following agen	cies that scrye the lo	cation:
Fire Department: <u>Marrs</u> Health Department: <u>Posey County Health Dept</u>		Fax: 812-98	
		Fax: 812-83	3 <u>8-8561</u>
	tion Service: N/A	Fax:	
For further in Investigating	nformation regarding this methamphe 3 Officer: <u>K. Rose</u> Phon	stamine laboratory, co c 812-307-0047	entact

listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.